



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Social Services

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

SUSAN OSBORNE • Assistant Secretary for County Operations for
Human Services

STATE CHILD FATALITY REVIEW

CONFIDENTIAL AGREEMENT

_____ County

The undersigned party understands and acknowledges by the signature below that this multidisciplinary group will review reports and records, conduct interviews, and identify key issues involving highly confidential information regarding families and children. This process is governed by [GS 143B-150.20](#).

Through this signature, the undersigned acknowledges and agrees that the privacy of children and families will be strictly maintained. This agreement specifically includes that:

1. Information learned through the Child Fatality Review process is **CONFIDENTIAL**, and may not be shared outside the review team.
2. All otherwise confidential information and records acquired by the State Child Fatality Review Team, in the exercise of its duties are confidential; are not subject to discovery or introduction into evidence in any proceedings except pursuant to an order of the court; and may only be disclosed as necessary to carry out the purposes of the State Child Fatality Review Team.
3. No member of the State Child Fatality Review Team, nor any person who attends a meeting of the State Child Fatality Review Team, may testify in any proceeding about what transpired at the meeting, about information presented at the meeting, or about opinions formed by the person as a result of the meetings.
4. All case materials and handwritten notes must be safeguarded during the process and destroyed when process is complete.
5. I understand that violation of any of the above items may result in civil or criminal consequences.

Signature

Date

Agency